



St. Marys/Dean
Ventures, Inc.
REGIONAL MEDICAL CLINICS
1808 W. Beltline Highway
PO BOX 259598
MADISON, WI 53725-9598

If you have questions on your statement please call:
Toll Free: 1-888-968-4681

☐ Check box if address or insurance has changed and indicate on back

ADDRESSEE:

Page 1 of 1

LPD101 - 00799

TAMMY L WIEDENBECK
8822 PORTER BRIDGE RD
LANCASTER WI 53813-9741

IF PAYING BY CREDIT CARD, FILL OUT BELOW

Statement Date 08/05/2009	Check credit card using for payment	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
Card Number			Exp. Date		
Signature					
Due Date 09/04/2009	Account Number 500156957	Pay This Amount \$0.00			
Invoice Number: 543001637		Show Amount Paid Here			

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

ST. MARY'S/DEAN VENTURES
PO BOX 259598
MADISON WI 53725-9598

Please detach and return top portion of statement with your payment.

ACCOUNT NUMBER	ACCOUNT NAME	STATEMENT DATE	AMOUNT DUE
500156957	TAMMY L WIEDENBECK	08/05/2009	\$0.00

*This charge is new or has been added since your last statement

Date	Patient	Description	Charges	Insurance Pending	Payments/ Adjustments	Patient Due
05/20/2009	TAMMY L WIEDENBECK	EST PATIENT OFFICE VISIT, LEVEL IV 99214 GRANT COMMUNITY CLINIC seen by: KELLY S MUENCH. Due from patient	\$197.00	\$0.00		\$0.00
06/23/2009		INSURANCE PAYMENT (103-CINERGY HEALTH			\$100.00	
07/06/2009		PERSONAL PAYMENT(2035)			\$97.00	
06/24/2009	TAMMY L WIEDENBECK	OFFICE CONSULTATION, LEVEL I 99241 GRANT REGIONAL HEALTH CENTER seen by: HOBART BOSWORTH Billed to CINERGY HEALTH	\$153.00	\$153.00		\$0.00
06/24/2009	TAMMY L WIEDENBECK	EAR MICROSCOPY EXAMINATION 92504 GRANT REGIONAL HEALTH CENTER seen by: HOBART BOSWORTH Billed to CINERGY HEALTH	\$98.00	\$98.00		\$0.00



Wiedenbeck_194

Thank you for using Dean Health System.

Any payments or charges applied after the billing date will appear on your next statement.

Insurance Pending Total:\$251.00

PLEASE PAY THIS AMOUNT

\$0.00



St. Mary's/Dean

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Page 1 of 2

TAMMY L WIEDENBECK
8822 PORTER BRIDGE RD
LANCASTER WI 53813-9741

IF PAYING BY CREDIT CARD, FILL OUT BELOW

Statement Date

01/20/2010

Check credit card
using for payment



Card Number

Exp. Date

Signature

Please Print Name

Due Date
02/19/2010

Account Number
500156957

Pay This Amount
\$0.00

Invoice Number: 543736850

Show Amount Paid Here

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

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PO BOX 259598
MADISON WI 53725-9598

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ACCOUNT NUMBER	ACCOUNT NAME	STATEMENT DATE	AMOUNT DUE
500156957	TAMMY L WIEDENBECK	01/20/2010	\$0.00

*This charge is new or has been added since your last statement

Date	Patient	Description	Charges	Insurance Pending	Payments/ Adjustments	Patient Due
06/24/2009	TAMMY L WIEDENBECK	EAR MICROSCOPY EXAMINATION 92504	\$98.00			
		GRANT REGIONAL HEALTH CENTER seen by: HOBART BOSWORTH Due from Patient				\$0.00
09/15/2009		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
11/17/2009		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
11/20/2009		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
01/06/2010		PERSONAL PAYMENT			\$98.00	
06/24/2009	TAMMY L WIEDENBECK	OFFICE CONSULTATION, LEVEL I 99241	\$153.00			
		GRANT REGIONAL HEALTH CENTER seen by: HOBART BOSWORTH Due from Patient				\$0.00
09/15/2009		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
11/17/2009		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
11/20/2009		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$100.00	
01/06/2010		PERSONAL PAYMENT			\$53.00	
10/12/2009	TAMMY L WIEDENBECK	EST PATIENT OFFICE VISIT, LEVEL IV 99214	\$197.00			

Wiedenbeck_195

- Thank you for using Dean Health System.
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Insurance Pending Total:\$197.00

PLEASE PAY THIS AMOUNT

\$0.00

ACCOUNT NUMBER	ACCOUNT NAME	STATEMENT DATE	AMOUNT DUE
500156957	TAMMY L WIEDENBECK	12/23/2009	\$151.00

*This charge is new or has been added since your last statement

Date	Patient	Description	Charges	Insurance Pending	Payments/ Adjustments	Patient Due
06/24/2009	TAMMY L WIEDENBECK	OFFICE CONSULTATION, LEVEL I 99241	\$153.00	\$0.00		\$53.00
		GRANT REGIONAL HEALTH CENTER seen by: HOBART BOSWORTH Due from patient				
09/15/2009		INSURANCE PAYMENT (103-CINERGY HEALTH			\$0.00	
11/17/2009		INSURANCE PAYMENT (103-CINERGY HEALTH			\$0.00	
11/20/2009		INSURANCE PAYMENT (103-CINERGY HEALTH			\$100.00	
06/24/2009	TAMMY L WIEDENBECK	EAR MICROSCOPY EXAMINATION 92504	\$98.00	\$0.00		\$98.00
		GRANT REGIONAL HEALTH CENTER seen by: HOBART BOSWORTH Due from patient				
09/15/2009		INSURANCE PAYMENT (103-CINERGY HEALTH			\$0.00	
11/17/2009		INSURANCE PAYMENT (103-CINERGY HEALTH			\$0.00	
11/20/2009		INSURANCE PAYMENT (103-CINERGY HEALTH			\$0.00	
10/12/2009	TAMMY L WIEDENBECK	EST PATIENT OFFICE VISIT, LEVEL IV 99214	\$197.00	\$197.00		\$0.00
		GRANT COMMUNITY CLINIC seen by: ERIN L HUEBSCHMAN				

- Thank you for using Dean Health System.
- Any payments or charges applied after the billing date will appear on your next statement.

Insurance Pending Total:\$197.00

PLEASE PAY THIS AMOUNT**\$151.00**

ACCOUNT NUMBER	ACCOUNT NAME	STATEMENT DATE	AMOUNT DUE
500156957	TAMMY L WIEDENBECK	04/14/2010	\$127.00

Date	Patient	Description	Charges	Insurance Pending	Payments/ Adjustments	Patient Due
10/12/2009	TAMMY L WIEDENBECK	EST PATIENT OFFICE VISIT, LEVEL IV 99214 GRANT COMMUNITY CLINIC seen by: ERIN L HUEBSCHMAN Due from Patient	\$197.00			\$127.00
02/09/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$70.00	

- Insurance Pending Total:\$0.00**

Wiedenbeck_204

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Page 1 of 1

TAMMY L WIEDENBECK
8822 PORTER BRIDGE RD
LANCASTER WI 53813-9741

IF PAYING BY CREDIT CARD, FILL OUT BELOW

Statement Date

03/17/2010

Check credit card
using for payment



Card Number

Exp. Date	
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Signature _____

Please Print Name

Due Date
4/16/2010

Account Number
500156957

Pay This Amount
\$127.00

Invoice Number: 543963694

199

Show Amount Paid Here



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ACCOUNT NUMBER	ACCOUNT NAME	STATEMENT DATE	AMOUNT DUE
500156957	TAMMY L WIEDENBECK	03/17/2010	\$127.00

*This charge is new or has been added since your last statement

Date	Patient	Description	Charges	Insurance Pending	Payments/ Adjustments	Patient Due
10/12/2009 	TAMMY L WIEDENBECK	EST PATIENT OFFICE VISIT, LEVEL IV 99214 GRANT COMMUNITY CLINIC seen by: ERIN L HUEBSCHMAN Due from Patient	\$197.00			\$127.00
02/09/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$70.00	
						

Wiedenbeck_205

Wiedenbeck_205

- Thank you for using Dean Health System.
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Insurance Pending Total:\$0.00

PLEASE PAY THIS AMOUNT

\$127.00



Ventures, Inc.

MADISON, WI 53725-9598

Toll Free: 1-888-968-4681

RICHARD H WIEDENBECK

[illegible]

ACCOUNT NUMBER	ACCOUNT NAME	STATEMENT DATE	AMOUNT DUE
500051981	RICHARD H WIEDENBECK	08/25/2010	\$431.25

*This charge is new or has been added since your last statement

Date	Patient	Description	Charges	Insurance Pending	Payments/Adjustments	Patient Due
05/03/2010	RICHARD H WIEDENBECK	EST PATIENT OFFICE VISIT, LEVEL IV 99214 GRANT COMMUNITY CLINIC seen by: ERIN L HUEBSCHMAN Due from Patient	\$174.25			\$104.25
05/13/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$70.00	
05/05/2010	RICHARD H WIEDENBECK	LIPID PANEL 80061 GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH Due from Patient	\$95.00			\$25.00
05/13/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$70.00	
05/05/2010	RICHARD H WIEDENBECK	BLOOD DRAW 36415 GRANT COMMUNITY CLINIC seen by: SMDV LAB TECH Due from Patient	\$25.00			\$25.00
05/13/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
05/05/2010	RICHARD H WIEDENBECK	COMPREHEN METABOLIC PANEL 80053 GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH	\$86.00			

- Thank you for using Dean Health System.
- Any payments or charges applied after the billing date will appear on your next statement.

Insurance Pending Total:\$188.00

PLEASE PAY THIS AMOUNT**\$431.25**
331.25



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ACCOUNT NUMBER	PAGE NUMBER
500051981	Page 2 of 3
STATEMENT DATE	DUE DATE
08/25/2010	09/24/2010
GUARANTOR NAME	
RICHARD H WIEDENBECK	

Date	Patient	Description	Charges	Insurance Pending	Payments/ Adjustments	Patient Due
05/13/2010		Due from Patient INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	\$86.00
05/05/2010	RICHARD H WIEDENBECK	ASSAY BLOOD URIC ACID 84550 GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH Due from Patient	\$40.00			\$40.00
05/13/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
05/05/2010	RICHARD H WIEDENBECK	PROSTATE SPECIFIC ANTIGEN 84153 GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH Due from Patient	\$137.00			\$67.00
05/13/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$70.00	
05/05/2010	RICHARD H WIEDENBECK	AUTO HEMOGRAM/PLATE/DIFF 85025 GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH Due from Patient	\$75.00			\$75.00
05/13/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
08/05/2010	RICHARD H WIEDENBECK	HEPATIC FUNCTION PANEL 80076* GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH Billed to CINERGY HEALTH	\$68.00	\$68.00		
08/05/2010	RICHARD H WIEDENBECK	BLOOD DRAW 36415* GRANT COMMUNITY CLINIC seen by: SMDV LAB TECH Billed to CINERGY HEALTH	\$25.00	\$25.00		
08/05/2010	RICHARD H WIEDENBECK	LIPID PANEL 80061* GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH Billed to CINERGY HEALTH	\$95.00	\$95.00		
08/08/2010	RHONDA L WIEDENBECK	LIPID PANEL 80061 GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH	\$95.00			

Wiedenbeck_163



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ACCOUNT NUMBER 500051981	PAGE NUMBER Page 3 of 3
STATEMENT DATE 08/25/2010	DUE DATE 09/24/2010
GUARANTOR NAME RICHARD H WIEDENBECK	

Date	Patient	Description	Charges	Insurance Pending	Payments/ Adjustments	Patient Due
04/16/2010 08/04/2010		Due from Patient INSURANCE PAYMENT (1035)-CINERGY HEALTH PERSONAL PAYMENT			\$0.00 \$86.00	\$9.00
04/08/2010 04/16/2010 07/14/2010 08/04/2010	RHONDA L WIEDENBECK	BLOOD DRAW 36415 GRANT COMMUNITY CLINIC seen by: SMDV LAB TECH Due from Patient INSURANCE PAYMENT (1035)-CINERGY HEALTH PERSONAL PAYMENT PERSONAL PAYMENT	\$25.00		 \$0.00 \$11.00 \$14.00	 \$0.00
	RHONDA L WIEDENBECK	The following payments were recently applied to your account: 8/04/2010 \$ 100.00				



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ACCOUNT NUMBER

500051981

PAGE NUMBER

Page 2 of 3

STATEMENT DATE

07/28/2010

DUE DATE

08/27/2010

GUARANTOR NAME

RICHARD H WIEDENBECK

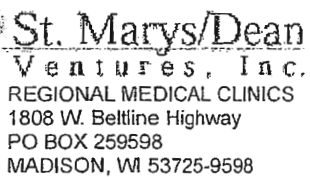
Date	Patient	Description	Charges	Insurance Pending	Payments/Adjustments	Patient Due
05/13/2010		Due from Patient INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	\$86.00
05/05/2010	RICHARD H WIEDENBECK	ASSAY BLOOD URIC ACID 84550 GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH Due from Patient	\$40.00			\$40.00
05/13/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
05/05/2010	RICHARD H WIEDENBECK	PROSTATE SPECIFIC ANTIGEN 84153 GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH Due from Patient	\$137.00			\$67.00
05/13/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$70.00	
05/05/2010	RICHARD H WIEDENBECK	AUTO HEMOGRAM/PLATE/DIFF 85025 GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH Due from Patient	\$75.00			\$75.00
05/13/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
02/09/2010	RHONDA L WIEDENBECK	EST PATIENT OFFICE VISIT, LEVEL III 99213 GRANT COMMUNITY CLINIC seen by: ERIN L HUEBSCHMAN Due from Patient	\$143.00			\$0.00
03/02/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$70.00	
07/14/2010		PERSONAL PAYMENT			\$73.00	
04/08/2010	RHONDA L WIEDENBECK	BLOOD DRAW 36415 GRANT COMMUNITY CLINIC seen by: SMDV LAB TECH Due from Patient	\$25.00			\$14.00
04/16/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
07/14/2010		PERSONAL PAYMENT			\$11.00	
08/2010	RHONDA L WIEDENBECK	LIPID PANEL 80061 GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH Due from Patient	\$95.00			\$95.00



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ACCOUNT NUMBER	PAGE NUMBER
500051981	Page 3 of 3
STATEMENT DATE	DUE DATE
07/28/2010	08/27/2010
GUARANTOR NAME	
RICHARD H WIEDENBECK	

Date	Patient	Description	Charges	Insurance Pending	Payments/ Adjustments	Patient Due
04/16/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
04/08/2010	RHONDA L WIEDENBECK	COMPREHEN METABOLIC PANEL 80053 GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH Due from Patient	\$86.00			\$0.00
04/16/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$70.00	
07/14/2010		PERSONAL PAYMENT			\$16.00	
	RHONDA L WIEDENBECK	The following payments were recently applied to your account: 7/14/2010 \$ 100.00				



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ACCOUNT NUMBER

500051981

STATEMENT DATE

09/22/2010

GUARANTOR NAME

RICHARD H WIEDENBECK

PAGE NUMBER

Page 3 of 3

DUE DATE

10/22/2010

Date	Patient	Description	Charges	Insurance Pending	Payments/ Adjustments	Patient Due
08/16/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
08/05/2010	RICHARD H WIEDENBECK	LIPID PANEL 80061 GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH Due from Patient	\$95.00			\$25.00
08/16/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$70.00	
04/08/2010	RHONDA L WIEDENBECK	LIPID PANEL 80061 GRANT REGIONAL HEALTH CNTR LAB seen by: SMDV LAB TECH Due from Patient	\$95.00			\$0.00
04/16/2010		INSURANCE PAYMENT (1035)-CINERGY HEALTH			\$0.00	
08/04/2010		PERSONAL PAYMENT			\$86.00	
08/30/2010		PERSONAL PAYMENT			\$9.00	
	RHONDA L WIEDENBECK	The following payments were recently applied to your account: 8/30/2010 \$ 100.00 9/03/2010 \$ 100.00 9/20/2010 \$ 231.25				

Wiedenbeck_170